## State Bar Court State Bar of California

□ Los Angeles □ San Francisco	☐ Hearing Department☐ Review Department
In the Matter of	Case No
	PSYCHIATRIST DECLARATION, CLAIM AND ORDER OF COMPENSATION AND EXPENSES
	[CONFIDENTIAL EX PARTE FILING]
information below includes all services necessary expenses that I incurred, in performing	chiatrist in the above-entitled proceeding. The essarily performed by me, as well as the necesg the services required by the court's order of llows (as transferred from the attached itemized
Date of Appointment:	
Initial examination [not to exceed \$600]:	hours at \$200 per hour \$
Testing by psychologist [not to exceed \$500	0]: hours at \$125 per hour \$
Report Work-Up [not to exceed \$1400]:	hours at \$200 per hour \$
Testimony:	hours at \$200 per hour \$
<b>Total Requested for Services:</b>	<b>\$</b>
<b>Amount Requested for Expenses:</b> (Itemize expenses on attached statement	and provide receipts)
	to Code of Civil Procedure section 2015.5, that I n reimbursed for services(s) as claimed on this led herein and attached is true and correct.
Signature	Date
FOR COUF	RT USE ONLY
The Court now orders payment as follows:	Amount Authorized:
 Judge's Signature	